| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | FR | 1018 | 9-0-01 |
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| | | | |

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| ✔ ................................. Rejected | | N ................................. Non-elected |
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| ÷ ................................. Restricted | | O ................................. Objected |

BEST AVAILABLE COPY

| Claim | | Date | Claim | | Date | Claim | | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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JC871
10/21/01